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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

11

Application Number

10/564,051-Conf. #5728

Filing Date

January 9, 2006

First Named Inventor

Chikashi Suga

Art Unit

3762

Examiner Name

A. M. Alter

Attorney Docket Number

K0522.70000US00

ENCLOSURES (Check all that apply)☒ Fee Transmittal Form☐ Fee Attached☐ Amendment/Reply☐ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Reply to Missing Parts/Incomplete Application☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a Provisional Application☐ Power of Attorney, Revocation Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ Landscape Table on CD☐ After Allowance Communication to TC☐ Appeal Communication to Board of Appeals and Interferences☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☐ Other Enclosure(s) (please identify below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

WOLF, GREENFIELD & SACKS, P.C.

Signature

Printed name

Joseph Teja, Jr.

Date

January 15, 2009

Reg. No.

45,157

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(e)(4).

Dated: January 15, 2009

Signature: _____

(Jeanne W. Chub)

| | | | |
|---|------|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2008 (H.R. 4818). | | Complete If Known | |
| FEE TRANSMITTAL For FY 2009 | | Application Number | 10/564,051-Conf. #5728 |
| | | Filing Date | January 9, 2008 |
| | | First Named Inventor | Chikashi Suga |
| | | Examiner Name | A. M. Alter |
| | | Art Unit | 3762 |
| | | Attorney Docket No. | K0522.70000US00 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT | (\$) | 130.00 | |

| | |
|--|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Deposit Account | <input checked="" type="checkbox"/> Credit Card Deposit Account Number: <u>23/2825</u> Deposit Account Name: <u>Wolf, Greenfield & Sacks, P.C.</u> |
| <input type="checkbox"/> Money Order <input type="checkbox"/> None Other (please identify): _____ | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments |

| FEE CALCULATION | | | | | | | |
|---|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | _____ |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | _____ |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | _____ |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | _____ |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | _____ |

| 2. EXCESS CLAIM FEES | | |
|--|---------------------|-----------------------|
| Fee Description | Fee (\$) | Small Entity Fee (\$) |
| Each claim over 20 (including Reissues) | 52 | 26 |
| Each independent claim over 3 (including Reissues) | 220 | 110 |
| Multiple dependent claims | 390 | 195 |
| Total Claims | Extra Claims | Fee (\$) |
| _____ - or HP = _____ | x _____ = _____ | |
| HP = highest number of total claims paid for, if greater than 20. | | |
| Indep. Claims | Extra Claims | Fee (\$) |
| _____ - or HP = _____ | x _____ = _____ | |
| HP = highest number of independent claims paid for, if greater than 3. | | |

| 3. APPLICATION SIZE FEE | | | |
|---|---------------------|---|----------------------|
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) |
| _____ - 100 = _____ | /50 = _____ | (round up to a whole number) x _____ = _____ | |
| | | | Fee Paid (\$) |

| 4. OTHER FEE(S) | |
|---|--------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month | 130.00 |

| SUBMITTED BY | | | |
|-------------------|-----------------------------------|--------|------------------|
| Signature | Registration No. (Attorney/Agent) | 45,157 | Telephone |
| Name (Print/Type) | Joseph Teja, Jr. | | Date |
| | | | January 15, 2009 |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4).

Dated: January 15, 2009

Signature:  (Jeanne W. Chub)